

Preventive Healthcare for Children



Actions taken by Washington
State Medicaid to improve care

Overview



- Data on preventive care
- Actions taken to improve care
- Present status of work
- Challenges
- What is needed to achieve substantive improvement in care

Data on Preventive Healthcare



- MAA funds chart review study of well-child care
 - Three age categories assessed
 - Rates of both quantity and quality of well-child care calculated
- MAA requires health plans to report 2-year old HEDIS immunization rates
- Rates for both well-child care and 2-year old immunization remains relatively static

Well-child Care and Immunization Rates

Reported and Qualifying Well-Child Visits (Statewide Median)	1998	1999	2000	2001	2002
0 – 18 months – reported	46%	58%	62%	66%	63%
0 – 18 months - qualifying	18%	33%	32%	37%	34%
3 – 6 year olds – reported	37%	37%	42%	42%	41%
3 – 6 year olds – qualifying	15%	19%	20%	20%	21%
12 – 18 year olds – reported	26%	23%	35%	38%	38%
12 – 18 year olds qualifying	9%	9%	14%	18%	20%

HEDIS 2 year old Immunization Rates (Statewide Median)	1998	1999	2000	2001	2002
2 year olds	53.6%	57.9%	52.5%	58.6%	59.9%

Actions to improve care in managed care



- Managed Care Contract Requirements
 - Health plan reporting on HEDIS
 - Health plans required to complete quality improvement initiatives if rates below 60%
- Actions
 - Postcard and telephone reminders
 - Parent/child incentives
 - Periodicity reminders to parents/providers
 - Performance incentives to providers and clinics

Actions at state level



- Well-Child Exam Forms
 - Developed collaboratively with WAAP, DOH, Head Start/ECEAP
 - Forms unique to each age category
 - Two-page NCR form
 - Forms available and can be ordered FREE of charge from MAA and on web
 - www.wa.gov/dshs/dshsforms/forms/eforms.html

Actions continued...



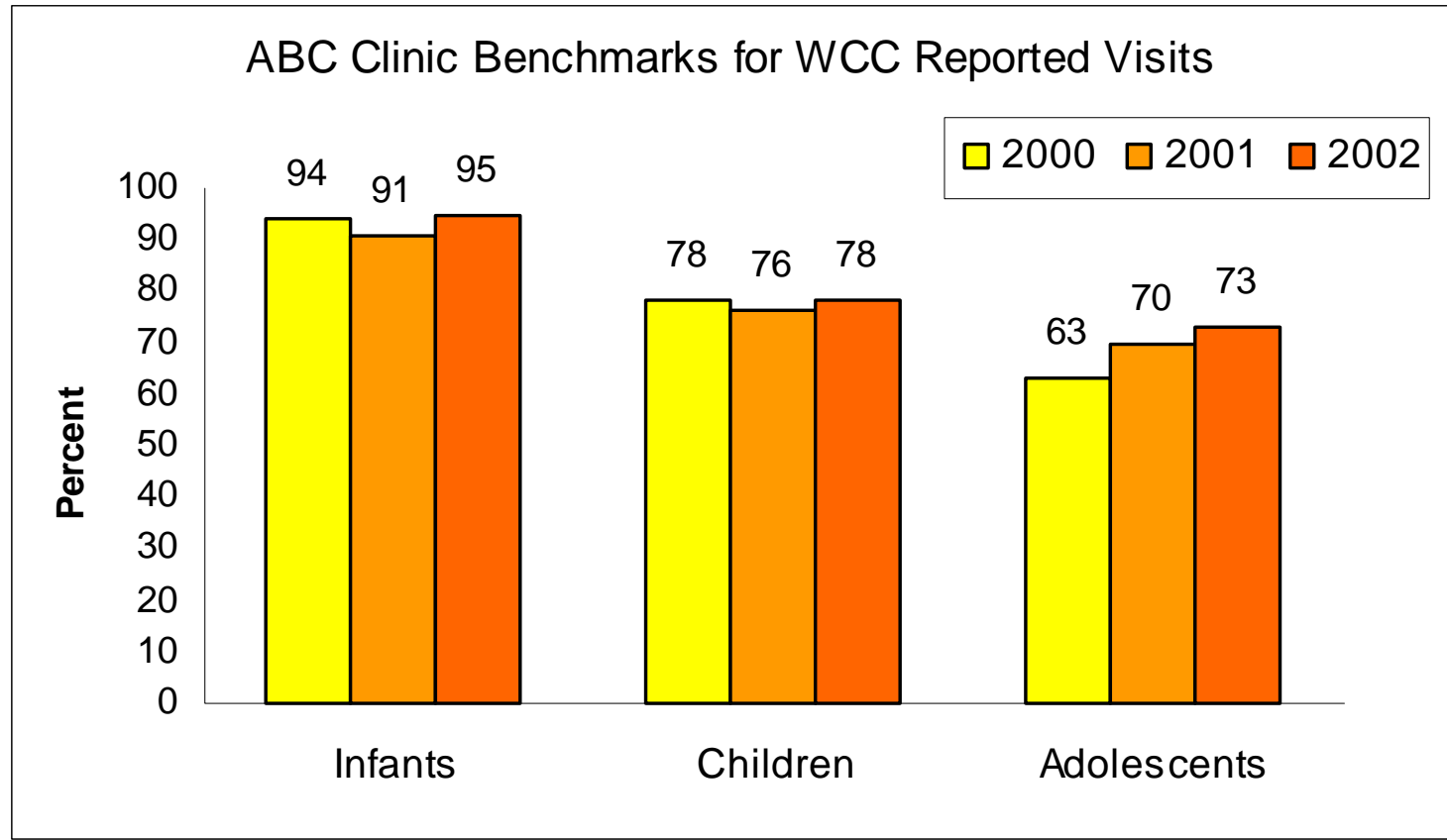
- EPSDT rate increase for foster children
- Children's Preventive Healthcare Initiative
 - Pilot test interventions - Clark County
 - Recruit and train clinics on quality improvement methods
- Performance feedback using ABCTM method

Achievable Benchmarks of Care (ABC™)



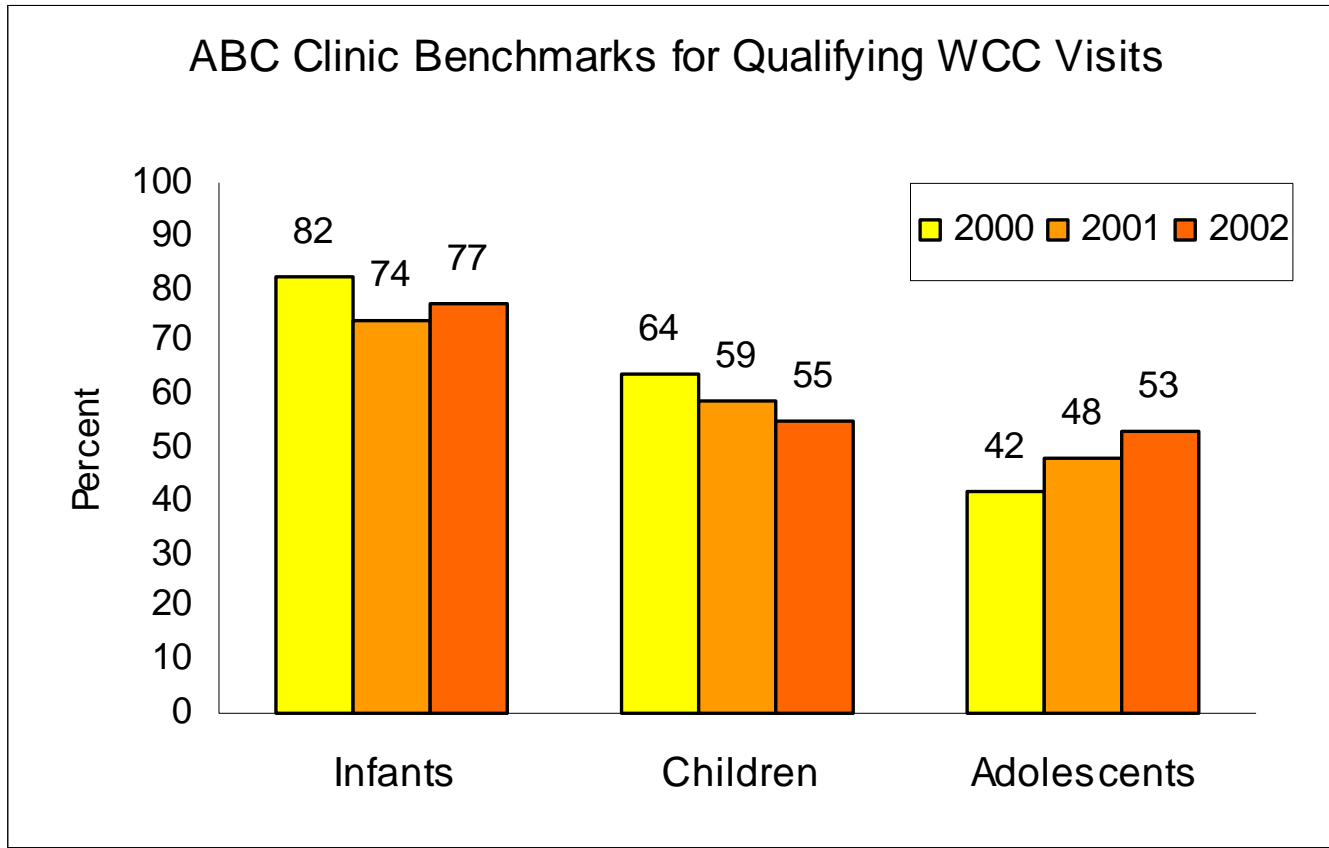
- Performance feedback using ABC™ method
 - Using EPSDT data, calculated benchmark from the best rates (the top 10%) among actual clinic performance
 - Allows clinics to compare themselves against state-generated benchmark and use information for improvement activities

ABC™ Data - Reported Visits 2000 - 2002



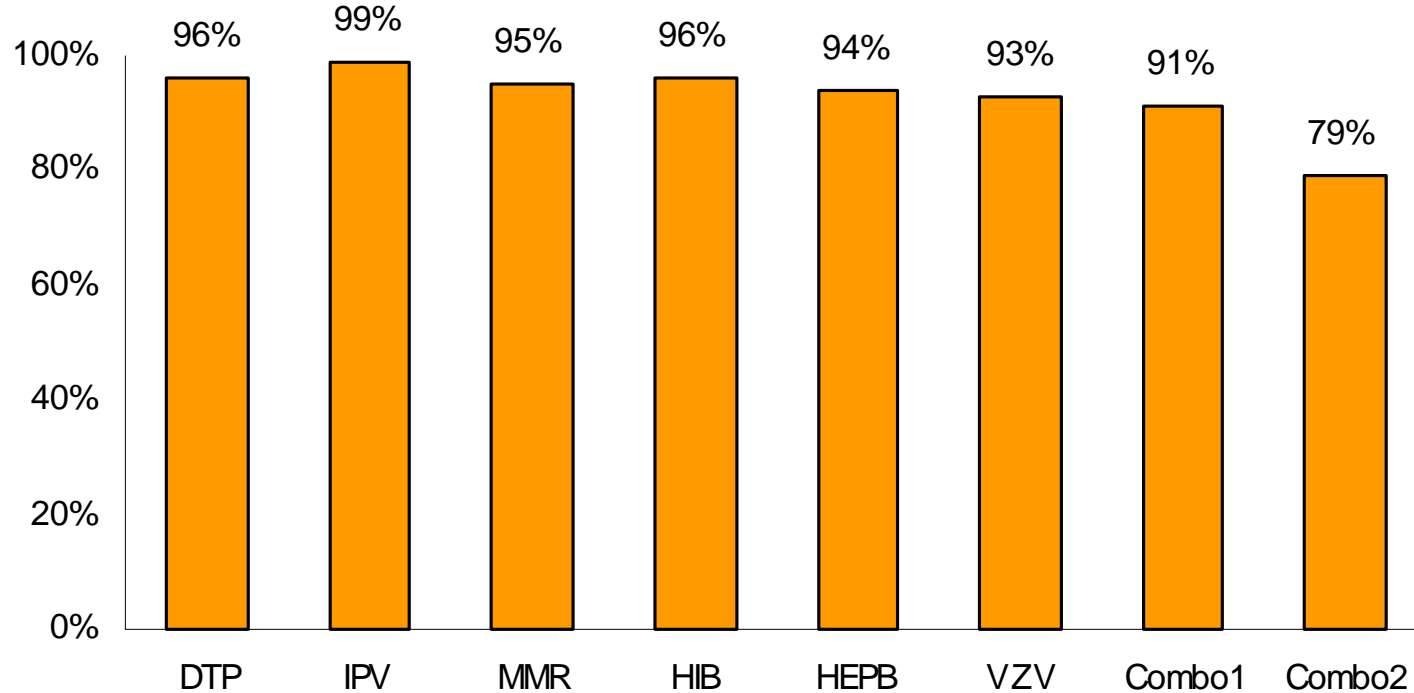
ABC™ Data - Qualifying Visits

2000 - 2002




ABC™ Data - Immunizations

ABCs for HEDIS Immunization Rates



Children's Preventive Healthcare Initiative (CPHI)



- Postcard reminders - 3 clinics
 - Two weeks after mailed, health plan greeter called those who did not schedule their well-child visit
- Child Profile - 3 clinics
 - All clinics linked with Child Profile
- Other
 - One clinic tested incentives for teens; another revised well-child care charting tool

Clark County Outcomes



- Number of well-child care visits scheduled:
 - 15% using postcard
 - 31% using a greeter
 - 40% using both postcard and greeter
- All 3 clinics signed up with Child Profile Immunization Registry
- Incentives for adolescents were inconclusive

Learning Labs



- Four training sessions on quality improvement methods and strategies
 - Help clinics design and implement rapid cycle change within clinic system
 - Train on continuous process improvement
 - Help clinics define aim statement and measures, then use information to revise or improve upon change.

Present status...




- Three learning labs held
- 11 clinics participating; 14 clinics receiving varying degrees of consultation assistance and remainder receiving mailed material
- Clinics have drafted goal statements and are in varying stages of implementation

Challenges



- Clinic instability
 - Staff, management, and clinician turnover
- Limited knowledge of IS systems
 - Unable to use or access data easily to identify overdue children - especially well-child care
 - Churning makes it difficult for clinics to know who they are really serving
- Leadership support
 - Organizational commitment variable – some clinics want incentives for participation

What is needed to achieve substantive change



- Pay for performance
- Facilitate health care redesign to focus on the patient or customer of care
- Develop, implement, and evaluate different models of care
- More money BUT only if:
 - Care is improved and
 - It is used to test and redesign care towards improved client satisfaction and efficiency